

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **12938**

FILED APR 14 1953

BIRTH NO.

REG. DIST. NO. **322**PRIMARY REG. DIST. NO. **4471**Registrar's No. **10**

1. PLACE OF DEATH a. COUNTY <b>Saline</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Saline</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Gilliam</b>		c. LENGTH OF STAY (in this place)	
c. CITY (If outside corporate limits, write RURAL and give township) <b>Gilliam</b>		d. STREET ADDRESS <b>no</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>none</b>		e. (If rural, give location) <b>0</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Arthur</b> b. (Middle) <b>Lewis</b> c. (Last) <b>Miller</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>April-8 9-1953</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Oct. 1st 1865</b>
9. AGE (in years last birthday) <b>87</b>		10. IF UNDER 1 YEAR Months <b>6</b> Days <b>8</b>	11. IF UNDER 24 HRS. Hours <b>8</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired physician</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>doctor</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Saline County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S</b>	
13a. FATHER'S NAME <b>Johnathan Miller</b>		13b. MOTHER'S MAIDEN NAME <b>Adeline Whitmore</b>	
14. NAME OF HUSBAND OR WIFE <b>Mrs. Miller</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	
16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Everett Stone, Gilliam, Mo.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Prostate &amp; Bladder</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Myocarditis</b> DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Pulmonary edema - 197X</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Gilliam Saline Mo.</b>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>1940</b> to <b>April 9, 1953</b> , that I last saw the deceased alive on <b>April 1, 1953</b> , and that death occurred at <b>3:45</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>John R. Lawrence M.D.</b>		23b. ADDRESS <b>Marshall Mo.</b>	
23c. DATE SIGNED <b>April 10-53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4/11/1953</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Ridge Park</b>		24d. LOCATION (City, town, or county) (State) <b>Marshall Mo.</b>	
DATE REC'D BY LOCAL REG. <b>4/11/53</b>		REGISTRAR'S SIGNATURE <b>Mrs. Earl C. Metz</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Hill Brothers</b>		ADDRESS <b>Staten Mo.</b>	

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1956 10-27

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*A. C. Hill*

Licensed Embalmer No. *3040*

P. O. Address *State mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.